Taxpayer's name	Taxoave	er's SSN					
unpayer of Herito			2	012 LANSING			
WAGES, EXCLUDIBLE WAG	ES AND CITY TAX WITH	-1ELD - L-1040.	PAGE 1. I	LINE 1, COLUM	NS A & B	Attachme	nt 2
All W/-2 forms must be attach	ed to page 1 of the retur	n				Revised 12/05	
Use this form to provide details for all Forms V	Israha) on behoder emornille has \$40	Form 1040. lina 7. such	as: wages rece	ived as a household en	ployee for whi	ch you did not receive a W-2 fo	orm;
tip income not reported to employer; allocated Form W-2; excess salary deferrals; disability p	line shows on Form(s) M/2 hox 8: der	rendent care benefits: e	molover-provid	ed adopilon benefits: so	holarship and I	fellowship grants not reported c	- תכ
refirement plan shown on Form 1099-R from a	excess salary deferrals and excess con-	iributions (plus earnings	i); and wages in	om Form 8919, line 6.			
Use this form to report excludible (nontaxable)	wages included in total wages reporte	d on your federal lax re	lum (Forms 104	10, 1040A or 1040EZ), E	xcluded reside	ant and nonresident wages are	also
reported on Form L-1040, page 2, Excluded V	vages schedule. Employer 1	Employer	2	Employer 3	<u> </u>	Employer 4	
1, Employer's ID number (W-2, box b)	Employer	Linployor					
2, Employer's name (Form W-2, box c)				, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		······································	
Z. Employer of hamo (control of control			İ				
3. Enler T for laxpayer's or S for spouse's							
employer and SSN from Form W-2, box a		}			}		
	From To F	rom To	F	rom To	F	rom To	
5. Wages, lips, other compensation (Form							
W-2, Box 1)							
6, Allocated tips (Form W-2, Box 8)							
7. Local income tax withheld (Form W-2, Box 19a)				•			
8. Locality name (Form W-2, Box 20a)							
9. Local income tax withheld (Form W-2,							
Box 19b, second line of local lax withheld)							
10. Locality name (Form W-2, Box 20b)							
11, Excludable resident wages (Enter here and on Form L-1040, page 2, Excluded Wages schedule)	,						
12. Excludable nonresident wages (Enter here and on Form L-1040, page 2,					•		
Excluded Wages schedule) 13. Reason excludible wages (lines 11 and/or 12) are not taxable by Lansing							
14. Address of work station (Where you actually work, not the address on Form W-2 unless you work there: include street number, street name, city and state)				gilandiki gali maya da tabupat da kali kali da			
15. Total wages (Add lines 5 and 6 for all en	ployers; must equal amount reported			Recognistic for the second	D2004542003	TOP CONTINUES TO SERVE	建造
on Form L-1040, page 1, line 1, column on Schedule TC, line 1, column A)	A; part-year residents enter here and						
16 Total excludible wages from all employe	rs (Add lines 11 and 12 for all columns;	enter here and also on	Form	STREET STATES CHANGE AND ADDRESS OF			
L-1040, page 1, line 1, column B; part-year residents enter here and on Schedule TC, line 1, column B)							
17. Total tax withheld for Lensing (Add amorepresents Lansing tax withheld)	unts for all employers on lines 7 and 9 v	vhere locality name on	the related local	lity name lines (lines 8 o	r 10)		,
NONRESIDENT WAGE ALLOCA	TION (Part-year residents u	se Part-year Res	ident Wage	Allocation Work	sheet - Att	achment 2-1)	
For use by taxpayers who were nonresi						pri	
NONRESIDENT WAGE ALLOCATION	Employer 1	Employer	2	Employer	3	Employer 4	
Enter actual number of days or hours on Job for employer while nonresident (Do not include weekends you did not work)					,		
19. Vacation, holiday and sick days or hours included in line 18							
20. Actual number of days or hours worked (Line 18 less line 19)	0		0		0		С
21. Enter actual number of days or hours worked in Lansing	0		0	4,		,	
22. Percentage of days or hours worked in Lansing (Line 21 divided by line 20; default is 100%)	\%		%		'%		%
23. Enter portion of wages earned while a nonresident (Direct entry)							
24. Lansing taxable wages as a nonresident (Line 23 times line 22)	0		0		0		(
25. Excludible nonresident wages (line 23 tess line 24)	0		0		0		(